



# APPLICATION FOR REAL ESTATE LICENSE AS A LIMITED LIABILITY COMPANY

State Form 46591 (4-94)

Approved by State Board of Accounts , 1994

## FOR OFFICE USE ONLY

License number	Check digit
Date granted	County code number
Date license mailed	Control number

- INSTRUCTIONS:**
1. For branch office registration, please request Branch Office Registration Form(s).
  2. Attach copy of filing certificate from Secretary of State.
  3. Mail fifty dollar (\$50.00) License Fee to: **Indiana Professional Licensing Agency**  
**302 W. Washington St., Rm. E034**  
**Indianapolis, IN 46204**

*This agency is requesting your federal I. D. number under IC 4-1-8-1.*

## COMPANY INFORMATION

Name of limited liability company	<i>Check one</i> <input type="checkbox"/> Member Managed <input type="checkbox"/> Manager Managed	County	Federal I.D. number
Address (Number and street, or rural route, city, state, Zip code)			

LICENSE NUMBER	NAME(S) OF MEMBERS OR MANAGERS	CHECK ONE	RESIDENTIAL ADDRESS
		<input type="checkbox"/> Member <input type="checkbox"/> Manager	
		<input type="checkbox"/> Member <input type="checkbox"/> Manager	
		<input type="checkbox"/> Member <input type="checkbox"/> Manager	

LICENSE NUMBER	NAME OF PRINCIPAL BROKER	CHECK ONE	RESIDENTIAL ADDRESS
		<input type="checkbox"/> Member <input type="checkbox"/> Manager	

LICENSE NUMBER	NAME(S) OF SALESPERSONS AND BROKERS	CHECK ONLY ONE	RESIDENTIAL ADDRESS
		<input type="checkbox"/> Salesperson <input type="checkbox"/> Broker	
		<input type="checkbox"/> Salesperson <input type="checkbox"/> Broker	
		<input type="checkbox"/> Salesperson <input type="checkbox"/> Broker	
		<input type="checkbox"/> Salesperson <input type="checkbox"/> Broker	
		<input type="checkbox"/> Salesperson <input type="checkbox"/> Broker	

Signature of Member or Manager	Date	Telephone number (      )
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